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CONFIRMATION NO. 5677

<b>SERIAL NUMBER</b> 10/829,322	<b>FILING OR 371(c) DATE</b> 04/22/2004 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 32860-000728/US
<b>APPLICANTS</b> Martin Kleen, Neunkirchen, GERMANY; Rainer Kuth, Herzogenaurach, GERMANY; <b>** CONTINUING DATA *****</b> <i>NONE</i> <i>S.A</i> <b>** FOREIGN APPLICATIONS *****</b> <i>O.K</i> <i>S.A</i> GERMANY 10318205.5 04/22/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/08/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>S.A</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 31
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 30596				
<b>TITLE</b> Imaging method for a capsule-type endoscope unit				
<b>FILING FEE RECEIVED</b> 1528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	